

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581127

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3		①			1	
4		①			1	
5		①			1	
6		②			1	
7		③			1	
8		④			1	
9		⑤			1	
10		⑥			1	
11		⑦			1	
12		⑧			1	
13		⑨			1	
14		⑩			1	
15		⑪			1	
16		⑫			1	
17		⑬			1	
18		⑭			1	
19		⑮			1	
20		⑯			1	
21		⑰			1	
22		⑱			1	
23		⑲			1	
24		⑳			1	
25		㉑			1	
26		㉒			1	
27		㉓			1	
28		㉔			1	
29		㉕			1	
30		㉖			1	
31		㉗			1	
32		㉘			1	
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	31	←	31	←		
TOTAL CLAIMS	32	[REDACTED]	32	[REDACTED]		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						